



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Fidelis SecureCare of Michigan Inc.

NAIC Group Code 3744 (Current Period), 3744 (Prior Period) NAIC Company Code 10769 Employer's ID Number 30-0312489

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [], Property/Casualty [], Dental Service Corporation [], Vision Service Corporation [], Other [], Health Maintenance Organization [X], Hospital, Medical & Dental Service or Indemnity [], Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 12/09/2004 Commenced Business 07/15/2005

Statutory Home Office 20 North Martingale Road, Suite 180 (Street and Number), Schaumburg, IL 60173 (City or Town, State and Zip Code)

Main Administrative Office 20 North Martingale Road, Suite 180 (Street and Number), Schaumburg, IL 60173 (City or Town, State and Zip Code), 847-605-0501 (Area Code) (Telephone Number)

Mail Address 20 North Martingale Road, Suite 180 (Street and Number or P.O. Box), Schaumburg, IL 60173 (City or Town, State and Zip Code)

Primary Location of Books and Records 20 North Martingale Road, Suite 180 (Street and Number), Schaumburg, IL 60173 (City or Town, State and Zip Code), 847-592-9161 (Area Code) (Telephone Number)

Internet Website Address www.fidelissc.com

Statutory Statement Contact Daniel Mark Erickson Mr. (Name), 847-592-9161 (Area Code) (Telephone Number) (Extension), dan.erickson@fidelissc.com (E-mail Address), 847-517-1085 (FAX Number)

OFFICERS

Name	Title	Name	Title
Catherine Joan Kiley Ms.	President	Samuel Randolph Willcoxon Mr.	Secretary
Dawn Marie Gilbert Ms.	Treasurer		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Samuel Randolph Willcoxon Mr.	Jerome Wilborn Mr.	David Bruce Bosma Mr. #
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State of _____ ss
County of _____

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Catherine Joan Kiley Ms. President	Samuel Randolph Willcoxon Mr. Secretary	Dawn Marie Gilbert Ms. Treasurer
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Subscribed and sworn to before me this _____ day of _____,

a. Is this an original filing? Yes [] No []
b. If no,
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE
Fidelis SecureCare of Michigan Inc.**

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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Fidelis SecureCare of Michigan Inc.**

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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Fidelis SecureCare of Michigan Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE
Fidelis SecureCare of Michigan Inc.**

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code		3744		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2011						(LOCATION)									
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10769	
				2		3															
				Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:				Total																	
1. Prior Year				819												819					
2. First Quarter				795												795					
3. Second Quarter				777												777					
4. Third Quarter				941												941					
5. Current Year				943												943					
6. Current Year Member Months				10,266												10,266					
Total Member Ambulatory Encounters for Year:																					
7. Physician				0																	
8. Non-Physician				0																	
9. Total				0		0		0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred				1,036												1,036					
11. Number of Inpatient Admissions				130												130					
12. Health Premiums Written (b)				22,746,896												22,746,896					
13. Life Premiums Direct				0																	
14. Property/Casualty Premiums Written				0																	
15. Health Premiums Earned				22,746,896												22,746,896					
16. Property/Casualty Premiums Earned				0																	
17. Amount Paid for Provision of Health Care Services				17,850,904												17,850,904					
18. Amount Incurred for Provision of Health Care Services				18,631,188												18,631,188					

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 22,746,896



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		2.	
NAIC Group Code 3744		BUSINESS IN THE STATE OF Consolidated	
		DURING THE YEAR 2011	
		(LOCATION)	
		NAIC Company Code 10769	
	1	Comprehensive (Hospital & Medical)	
		2	3
	Total	Individual	Group
Total Members at end of:			
1. Prior Year	819	0	0
2. First Quarter	795	0	0
3. Second Quarter	777	0	0
4. Third Quarter	941	0	0
5. Current Year	943	0	0
6. Current Year Member Months	10,266	0	0
Total Member Ambulatory Encounters for Year:			
7. Physician	0	0	0
8. Non-Physician	0	0	0
9. Total	0	0	0
10. Hospital Patient Days Incurred	1,036	0	0
11. Number of Inpatient Admissions	130	0	0
12. Health Premiums Written (b)	22,746,896	0	0
13. Life Premiums Direct	0	0	0
14. Property/Casualty Premiums Written	0	0	0
15. Health Premiums Earned	22,746,896	0	0
16. Property/Casualty Premiums Earned	0	0	0
17. Amount Paid for Provision of Health Care Services	17,850,904	0	0
18. Amount Incurred for Provision of Health Care Services	18,631,188	0	0
(a) For health business: number of persons insured under PPO managed care products		0	0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees		\$	22,746,896

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

SCHEDULE S - PART 3 - SECTION 2

[illegible]

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE
Fidelis SecureCare of Michigan Inc.**

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

[illegible]

	Code	American Bankers Association (ABA) Routing Number	Bank Name
(a)			

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums.....	0	.0	0	.0	.0
2. Title XVIII-Medicare.....	129	128	132	309	299
3. Title XIX-Medicaid.....	0	.0	0	.0	.0
4. Commissions and reinsurance expense allowance.....		.0	0	.0	.0
5. Total hospital and medical expenses.....		.0	0	.0	.0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....		.0	0	.0	.0
7. Claims payable.....		.0	0	.0	.0
8. Reinsurance recoverable on paid losses.....	0	.0	0	.0	.0
9. Experience rating refunds due or unpaid.....		.0	0	.0	.0
10. Commissions and reinsurance expense allowances unpaid.....		.0	0	.0	.0
11. Unauthorized reinsurance offset.....	0	.0	0	.0	.0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	.0	0	.0	.0
13. Letters of credit (L).....	0	.0	0	.0	.0
14. Trust agreements (T).....	0	.0	0	.0	.0
15. Other (O)	0	0	0	0	0

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SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	7,469,999		7,469,999
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	1,143,353		1,143,353
6. Total assets (Line 28)	8,613,352	0	8,613,352
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	3,785,556	0	3,785,556
8. Accrued medical incentive pool and bonus payments (Line 2).....	76,603		76,603
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	250,681		250,681
13. Total liabilities (Line 24).....	4,112,840	0	4,112,840
14. Total capital and surplus (Line 33).....	4,500,511	XXX	4,500,511
15. Total liabilities, capital and surplus (Line 34)	8,613,351	0	8,613,351
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

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Fidelis SecureCare of Michigan Inc.

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						.0
2. Alaska	AK						.0
3. Arizona	AZ						.0
4. Arkansas	AR						.0
5. California	CA						.0
6. Colorado	CO						.0
7. Connecticut	CT						.0
8. Delaware	DE						.0
9. District of Columbia	DC						.0
10. Florida	FL						.0
11. Georgia	GA						.0
12. Hawaii	HI						.0
13. Idaho	ID						.0
14. Illinois	IL						.0
15. Indiana	IN						.0
16. Iowa	IA						.0
17. Kansas	KS						.0
18. Kentucky	KY						.0
19. Louisiana	LA						.0
20. Maine	ME						.0
21. Maryland	MD						.0
22. Massachusetts	MA						.0
23. Michigan	MI						.0
24. Minnesota	MN						.0
25. Mississippi	MS						.0
26. Missouri	MO						.0
27. Montana	MT						.0
28. Nebraska	NE						.0
29. Nevada	NV						.0
30. New Hampshire	NH						.0
31. New Jersey	NJ						.0
32. New Mexico	NM						.0
33. New York	NY						.0
34. North Carolina	NC						.0
35. North Dakota	ND						.0
36. Ohio	OH						.0
37. Oklahoma	OK						.0
38. Oregon	OR						.0
39. Pennsylvania	PA						.0
40. Rhode Island	RI						.0
41. South Carolina	SC						.0
42. South Dakota	SD						.0
43. Tennessee	TN						.0
44. Texas	TX						.0
45. Utah	UT						.0
46. Vermont	VT						.0
47. Virginia	VA						.0
48. Washington	WA						.0
49. West Virginia	WV						.0
50. Wisconsin	WI						.0
51. Wyoming	WY						.0
52. American Samoa	AS						.0
53. Guam	GU						.0
54. Puerto Rico	PR						.0
55. US Virgin Islands	VI						.0
56. Northern Mariana Islands	MP						.0
57. Canada	CN						.0
58. Aggregate Other Alien	OT						.0
59. Totals		0	0	0	0	0	0

NONE

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE
Fidelis SecureCare of Michigan Inc.**

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

SCHEDULE Y

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE
Fidelis SecureCare of Michigan Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2, and 3) be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

EXPLANATION:

11.
12.
13.
14. Less than 100 shareholders
15.
16.
17. Medicare Advantage Plans are not required to file.
18. Relief is not needed.
19. Relief is not needed.
20. Relief is not needed.
21. Medicare Advantage Plans are not required to file.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES







22.

23.

24. Medicare Advantage Plans are not required to file.

25. Medicare Advantage Plans are not required to file.

BAR CODE:

12.	 1 0 7 6 9 2 0 1 1 2 0 5 0 0 0 0 0
13.	 1 0 7 6 9 2 0 1 1 2 0 7 0 0 0 0 0
15.	 1 0 7 6 9 2 0 1 1 3 7 1 0 0 0 0 0
16.	 1 0 7 6 9 2 0 1 1 3 7 0 0 0 0 0 0
22.	 1 0 7 6 9 2 0 1 1 2 1 1 5 9 0 0 0
23.	 1 0 7 6 9 2 0 1 1 2 1 3 0 0 0 0 0

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